ORTHOPAEDIC ONCOLOGY · PATIENT GUIDE

Recovery After Bone Tumour Surgery: Walking, Physiotherapy and Daily Life

Questions to help you understand your rehabilitation plan and prepare for life after discharge.

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“When will I walk again?” is a reasonable place to start. After lower-limb bone tumour surgery, the answer depends on what was removed and reconstructed. Instructions must account for the healing tissues as well as any implant.[2][4]

This guide focuses on recovery after limb-preserving surgery in the leg, particularly operations involving a tumour prosthesis. Use it to prepare questions for your team. It does not set an exercise programme or a date for independent walking.

Start with the details of your operation

Two operations near the knee can need different precautions. After a proximal tibial replacement, for example, the tendon that helps straighten the knee may have been reconstructed. Protecting that repair can require a brace and limits on knee bending. Those instructions differ from routine knee

replacement rehabilitation.[2]

Your team should name the operation, provide a written explanation of the restrictions and show what they mean for getting up, standing and moving.

Weight through the leg

Your physiotherapist should explain how much weight you may put through the operated leg and which walking aid to use. Follow that instruction when practising.[1]

Movement at the joint

If a brace or movement restriction is prescribed, follow the settings your team gives you. Do not change brace settings yourself to gain more movement.[2]

Walking and managing at home

After distal femoral replacement, physiotherapy includes help with getting out of bed and learning to walk with an appropriate aid. Before discharge, the team needs to check that you can walk safely and manage steps or stairs where these are needed at home.[1]

You may still go home using a frame or crutches after this operation.[1] Be clear about what you can manage yourself, what needs someone beside you and what you should wait to attempt.

After proximal femoral replacement, an occupational therapist can check the home environment and advise on aids for dressing and everyday tasks. Chair, toilet and bed heights may need attention because of hip precautions. Ask whether this applies to you before buying equipment.[4]

Work through an ordinary day with the team before discharge: getting out of bed, using the toilet, washing, dressing and reaching the rooms you need. Steps, stairs, a floor-level toilet or an upstairs bedroom all belong in that discussion. The team should help you practise the relevant tasks and consider temporary changes at home that suit your restrictions.

> **Dr. Vishnu's perspective**
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> Before you go home, I want you and your family to understand the restrictions and the help you will need. Getting out of bed, reaching a chair, using the toilet. These basic activities deserve attention when we prepare for discharge.

What should physiotherapy aim to achieve?

Rehabilitation includes learning to move safely and working towards useful daily activities. After proximal femoral tumour replacement, guidance covers transfers, walking, stairs and return to work or recreation. These are goals to discuss with the physiotherapist, rather than a list of tasks to attempt immediately on your own.[4]

Do the exercises your physiotherapist has prescribed. If an exercise causes severe pain, seek advice. Ask your team how to adjust a programme that feels unmanageable.[1]

There is no strong research basis for declaring one exercise programme best for everyone after lower-limb sarcoma surgery. That uncertainty does not show that physiotherapy is ineffective, but it limits what a generic online programme can promise.[3]

More about the evidence

A systematic review found that the available studies were too varied and the evidence too uncertain for firm conclusions about effectiveness.[3]

Returning to daily life

For work or college, discuss the whole day. How will you get there? Is there a flight of stairs, a long walk from the entrance, or a job that involves standing and carrying? After distal femoral replacement, the timing of a return to work is an individual decision with the doctor and physiotherapist.[1] Take those practical details to the discussion and ask whether any duties or arrangements need to change.

Driving needs a separate discussion. After proximal tibial replacement, leg control, pain, a prescribed brace and the ability to stop the vehicle safely need assessment before returning. Ask your treating team for advice for your operation, and check the requirements of your insurer.[2]

If you are being treated for sarcoma, recovery may bring emotional, practical or social concerns alongside physical ones. These belong in the care discussion too. Tell the team what is hardest and ask about appropriate support; you do not have to restrict the conversation to the wound or walking.[8]

Wound care and symptoms to report

Follow the wound-care instructions you receive, including advice about dressings and washing. Redness, heat, increasing pain, swelling, pus or fever can indicate an infection. Contact the surgical team or another medical service promptly if these occur after discharge.[5]

Surgery and reduced mobility can increase the risk of a blood clot in the leg. Ask what prevention is prescribed and how long to continue it. New pain and swelling in one leg, particularly in the calf or thigh, need urgent medical assessment.[6]

Seek emergency help

Severe difficulty breathing, chest pain or collapse needs emergency medical care. These can be signs of a clot in the lungs or another serious problem. Do not drive yourself for assessment. [7]

What your discharge plan should include

The team should help you and anyone supporting you understand these instructions before you leave.

- Your operation summary and current movement restrictions.
- Your exercise, brace and walking-aid instructions.
- Your medicine and wound-care plan.
- The next review arrangements and a contact for new concerns.

Frequently Asked Questions

When can I walk after bone tumour surgery?

Your team decides when walking can begin and how much weight the operated leg may take. A physiotherapist can teach you to use the prescribed aid. Starting to walk with support and walking without an aid are different milestones. [1]

Can I use standard knee replacement exercises?

Only if your team has prescribed them. For example, a proximal tibial tumour replacement may include tendon reconstruction that needs protection. Its rehabilitation differs from a standard knee replacement. [2]

Will physiotherapy continue after I leave hospital?

Further physiotherapy may be arranged near home or at the treating centre. Before discharge, ask who will supervise it and how they will receive your operation details and restrictions. A leaflet alone does not establish your personal programme. [4]

When can I return to work or college?

The timing is individual. Discuss the physical demands of your day with the surgical and physiotherapy team. Include travel, stairs and any practical tasks when asking about a return plan. [1]

> Your consultation

Discuss recovery after bone tumour surgery

To discuss walking, home routines and rehabilitation after leg bone tumour surgery, you can book a consultation with Dr. Vishnu Baburaj at Aster MIMS Kannur.

Book a consultation Plan your visit

Travelling to Kannur

If you are coming from outside Kannur, discuss travel needs when arranging the appointment.

Preparing for your consultation

The evidence behind this article

1. Royal National Orthopaedic Hospital. A Patient's guide to the physiotherapy exercises and advice following distal femoral replacement/distal femoral diaphyseal replacement. Ref 22-140. Updated 20 November 2025.
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3. van Kouswijk HW, van Keeken HG, Ploegmakers JJW, Seeber GH, van den Akker-Scheek I. Therapeutic validity and effectiveness of exercise interventions after lower limb-salvage surgery for sarcoma: a systematic review. BMC Musculoskeletal Disorders. 2023;24:216. doi:10.1186/s12891-023-06315-y.
4. Royal Orthopaedic Hospital. Proximal Femoral Endoprosthetic Replacement. Patient guidance; accessed 20 October 2026.
5. Royal National Orthopaedic Hospital, Infection Prevention and Control. A Patient's Guide to Preventing Surgical Site Infections. Ref 24-26; accessed 20 October 2026.
6. NHS. DVT (deep vein thrombosis). Reviewed 30 April 2026.
7. NHS. Pulmonary embolism. Reviewed 25 May 2023.
8. Royal National Orthopaedic Hospital. A Patient's guide to Holistic Needs Assessment and Personalised Care and Support Plan. Ref C25-05. Updated 20 January 2026.

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This article is for educational purposes and does not replace a medical consultation. For personalised advice, book an appointment at Aster MIMS Kannur.